

## PART B - FEE(S) TRANSMITTAL

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30289 7599 1566/2012  
**MOTOROLA MOBILITY LLC**  
600 NORTH US HIGHWAY 45  
W2-5SBB  
LIBERTYVILLE, IL 60048-5343

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/610,768	07/06/2009	William P. Albrecht JR.	CS10587	SS26

TITLE OF INVENTION: METHOD AND APPARATUS FOR STORING A MESSAGE FOR PLAYBACK DURING A USER-INITIATED EMERGENCY TELEPHONE CALL FROM A WIRELESS DEVICE

APPL. TYPE	EMAIL EXCUTV	ISSUE FEE DUE	PUBLICATION FILED DUE	PRIV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1770	\$0	\$0	\$1770	01/09/2013

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, TUAN A	2648	455-564009

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/96b/122) attached.	1.....
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Use of a Customer Number is required.	2.....
	3.....

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed by re-citation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

#### (A) NAME OF ASSIGNEE:

Motorola Mobility LLC

Libertyville, Illinois

#### (B) RESIDENCE: (CITY AND STATE OR COUNTRY):

Libertyville, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
<input type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-203B is attached.
<input type="checkbox"/> Advance Order - # of Copies .....	<input type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 505278. (Enclose an extra copy of this item.)

5. Change in Entity Status (from status indicated above)	<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature: /Randall S. Vaas/ Date: January 9, 2013  
Typed or printed name: Randall S. Vaas Registration No.: 34,479

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